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Permanent Forum on Indigenous Issues
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Agenda item 4 (c)
Mandated areas: health

Chairperson's summary

Health

Member States

1. The representative of Canada noted the importance of national plans of action to address indigenous health issues and reported that a federal strategy for child development had been put in place to address the disproportionate numbers of youth suicides. Canada had recently held a youth round-table discussion to consider ways of empowering indigenous youth. Canada had also increased the amount of resources allocated to aboriginal health programmes to address the disadvantages faced by indigenous peoples of Canada.

2. The representative of Guyana reported that in July 2003, Guyana would revise the Amerindian Act of 1976. The amendments would deal with land rights, the powers of the Minister of Amerindian Affairs, the powers of captains and the establishment of "village councils". Guyana had created a Ministry of Amerindian Affairs and there were 15 Amerindians in the 65-member national parliament. Through such strategies as the annual celebration of Amerindian Heritage Month, Guyana was working towards the further integration of Amerindians into mainstream Guyanese society with increasing numbers of indigenous professionals in medicine, teaching and journalism, among other fields. He further noted that the United Nations Children's Fund (UNICEF) had just completed an immunization programme in Guyana and the Government had been incrementally establishing community health care centres and health huts to offer residents in dispersed hinterland communities immunization, maternal and child care health services and education, as well as identification and treatment of malaria, and also was training residents of those communities to work in the centres. Furthermore, Guyana had sent two Amerindian delegates to the Third World Water Forum and the Children's Water and Sanitation Conference. To show their commitment to addressing those issues, the Government was assisting with the digging of wells and providing sanitation facilities in indigenous communities.

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3. A number of countries called for another International Decade of the World's Indigenous Peoples. The representative of Ecuador called upon the Forum to utilize all relevant United Nations mechanisms to protect the rights of indigenous women and children.

United Nations system

4. The representative of the World Health Organization (WHO) spoke of the growing awareness of indigenous health needs and institutional obstacles including resourcing which inhibited progress in that area. The WHO representative had also been responsible for the collation of the United Nations paper on data collection. The representative went on to discuss the importance of good disaggregated data and the obstacles to data collection. The Director of the Statistics Division of the Department of Economic and Social Affairs provided a briefing to the members on statistics and data collection. He voiced support for the recommendation to establish a workshop on statistics and he emphasized the need to collect specialized statistics on indigenous peoples at the national level. He noted that the major source of statistics was population and housing statistics from States, which were usually collected every 10 years. Many States did not ask questions related to identifying indigenous peoples and where they did, often the results were not made public. Of 200 countries which had conducted national censuses and made them available to the United Nations, only 43 had provided specific information relating to indigenous peoples. Australia had recorded a dramatic increase in the number of people identified as indigenous and suggested that it was a result of the reworking of the definition. Latin America had great difficulty in determining who was indigenous, and many States did not inquire. Canada noted that it had developed a Register of Indians (under the Indian Act) which collected a profile of each indigenous person. The United States of America used a process of self-identification. New Zealand had a draft document on the Maori statistical framework that was currently out for consultation with the Maori people, opening a new era of statistical collection that might properly represent their reality.

Indigenous peoples' organizations

5. Many indigenous peoples' organizations made recommendations concerning health, which included but were not limited to the following:

1. The Special Rapporteur on indigenous issues should visit Mexico and examine the health of indigenous peoples in Mexico.

2. The Government of Mexico should carry out a health survey on indigenous peoples at risk.

3. The Forum should request relevant agencies to include and promote traditional health practices among their basic health services.

4. In view of the increasing violence (including domestic violence) in all aspects of indigenous life, indigenous peoples should request a study on the causes of violence and the ways of addressing it.

5. States should consider establishing indigenous controlled health programmes staffed with trained indigenous professionals.

6. States should consider promoting indigenous health and health care while protecting traditional knowledge from exploitation.

7. Indigenous peoples should be provided with access to mainstream health while partnerships are created and promoted with traditional health care.

8. The health care of States should be based on traditional medicine.

9. The United Nations system should ensure that in its studies, it does not use such inappropriate terms such as "ethnic minorities" when referring to indigenous peoples.

10. The Forum should work more closely with WHO to strengthen health-care systems internationally for indigenous peoples.

11. The Forum should ensure that data on indigenous peoples is specific.

12. The Forum should investigate preventive mechanisms to halt the damage caused by the dumping of radioactive wastes, nuclear and military testing, and the dumping of toxic wastes on indigenous territories and its effect on the health of indigenous peoples.

13. The Forum should continue to strive for a better flow of communication between WHO, the Forum and indigenous peoples' organizations at the regional level.

14. The Forum should encourage States to develop and implement national strategies to train indigenous health-care providers and to invest in health-care infrastructure for indigenous peoples.

15. The Forum should conduct a workshop on "domestic violence, indigenous youth suicide, urban indigenous youth — inter-generational effects".

16. The Forum should conduct a workshop on all forms of substance abuse, including tobacco and alcohol.

17. The Forum should conduct a workshop on single-parent families and their impact on indigenous peoples' health, diet and obesity.

18. The Forum should examine the effects, including the inter-generational effects, on indigenous peoples forced to attend state or church boarding schools, or removed and institutionalized for other reasons, where they may have been vulnerable to or subject to sexual violence, rape and murder.

19. The Forum should promote indigenous health care, which also requires protection against patents on indigenous medicinal plants.

20. The Forum, through the agencies of the United Nations system, should encourage health-care policies based on the traditional knowledge of indigenous peoples.

21. The Forum should recommend that indigenous peoples achieve effective participation in the planning, implementation and monitoring of national and international health policies and programmes.

22. International institutions and States should participate in the construction of plural models of public health care which validate indigenous traditional knowledge and healers, innovations and practices.

Forum members

6. Ms. Trask drew the attention of the Forum to the recommendations of the first session which had not yet been implemented and called upon WHO, the Pan American Health Organization and all United Nations bodies and agencies involved in programmes relating to health to incorporate indigenous healers and cultural perspectives on health and illness into their policies, guidelines and programmes, and to undertake regional consultations with indigenous peoples on those issues, in order to mainstream indigenous health issues into the United Nations system. She also requested the Food and Agriculture Organization of the United Nations to undertake a study on the relationship between food security, subsistence agricultural practices and indigenous health and illness. The technical seminars referred to in recommendations of the first session were downgraded to workshops, which would include an indigenous health workshop with the goal of designing a system-wide strategy to address the health needs of indigenous peoples and the terms of reference for a study on the health needs of indigenous peoples, with particular emphasis on indigenous children and women, including infant mortality, reproductive rights, sterilization, domestic abuse and addiction and the collection of data relating to these issues. Ms. Trask furthermore requested that the Global Alliance for Vaccination Initiatives sponsor a workshop and that the United Nations Development Programme (UNDP) co-sponsor a workshop on expanding global programmes for the immunization and vaccination of indigenous women and children and assessing the need for safety protocols relating thereto.

7. Ms. Trask also compiled a number of new recommendations on indigenous health, including the following:

(a) UNICEF, the lead United Nations organization on children, should adopt a policy relating to indigenous children and designate an agency focal point on indigenous children. The Forum urged UNICEF to include questions on ethnicity, cultural and tribal affiliation and language in its Demographic and Health Survey and Multiple Indicator Cluster Survey to obtain disaggregated data on the goals set forth at the World Summit for Children and the health needs of indigenous children;

(b) WHO, in implementing the Global Strategy on the Health of Marginalized Ethnic Populations, should gather data and extend programme services to indigenous peoples who self-identify as indigenous based on criteria relating to ethnicity, cultural or tribal affiliation and language;

(c) WHO should engage in a global consultation with indigenous peoples and others on its participatory research guidelines and seek the advice of the Forum on the guidelines;

(d) UNICEF, UNDP, United Nations Development Fund for Women, Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria should gather and disaggregate data on indigenous infants, children and mothers based on criteria relating to ethnicity, cultural and tribal affiliation, and language.

8. Various recommendations emerged from discussions concerning environmental health, covering such issues as environment/health/persistent organic pollutants. Members expressed a great deal of concern regarding the issue of HIV/AIDS and indigenous populations and requested that the Inter-Agency Support Group request the Global Fund and UNAIDS to be part of the Group and to present a report on the impact of their programmes and activities on indigenous peoples and communities to the Forum at its third session in 2004 with a specific focus on preventive programmes and activities affecting children and infants. The Global Fund should be requested to review its funding strategy with a view to including access of indigenous NGOs and health-care providers to community-based, culturally appropriate HIV/AIDS programmes.

9. Other special issues raised included a request that the Special Rapporteur of the Commission on Human Rights on violence against women, its causes and consequences pay special attention to the impact of violence against indigenous women, including war-related violence and domestic violence. The Forum also recommended that the Special Rapporteur on the right to health pay special attention in his work to the right to health as contained in treaties between indigenous peoples and States.

10. In response to the special theme of the current session, Forum members recommended that the United Nations agencies supporting and promoting the Healthy Environments for Children Alliance, namely WHO, UNICEF, the United Nations Environment Programme, and the United Nations Human Settlements Programme, include a particular focus on indigenous children and youth, and urged States to undertake and promote the expansion of their national health systems in order to provide holistic health programmes for indigenous children which incorporate preventive medical practices and family and community participation. States were urged, in their efforts to address the issues of malnutrition of indigenous children victimized by poverty, to adopt special measures to ensure and protect the cultivation of traditional food crops and food diversity.